

S. No. 2
1-14-41
5-17-39
I X2330

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

17921

Registrar's No.

365

ED JUN 3 1943 128

Registration District No.

Primary Registration District No.

5466

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural J. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 MOS. & 27 days
(Specify whether years, months or days)
In this community 8 months, 27 days

3. (a) PRINT FULL NAME WALTERS, William

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December 2 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Spokane, Washington
(City, town, or county) (State or foreign country)

10. Usual occupation plumber

11. Industry or business

MOTHER FATHER { 12. Name unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant file
(b) Address MCFP

17. (a) Burial (b) Date thereof 5-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eggleston

18. (a) Signature of funeral director Ed. C. Thieme

(b) Address Spokane, Idaho

19. (a) 5-8-43 (b) W. B. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Jefferson
(c) City or town Birmingham
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 9, 1942, to May 6, 1943;
that I last saw him alive on May 6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary Duration Onset prior to admission
Bilateral, far advanced.

Due to 13 ft 1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Tuberculosis, pulmonary bilateral far advanced.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. McCreary (M. D. 1943)

Address MCFP Date signed 5/8/43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

May 6th, 1943.

This body was not embalmed. Buried locally.

Signed Fred C. Thieme.

Licensed Embalmer No. 2899

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.